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Prepared for the California Department of Insurance

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CALIFORNIA DEPARTMENT OF INSURANCE: LONG-TERM CARE INSURANCE PROGRAM

AB 567 draft Feasibility Report amendments questionnaire results

November 2022

QUALIFICATIONS, ASSUMPTIONS AND LIMITING CONDITIONS

Oliver Wyman was commissioned by the California Department of Insurance to provide support associated with assessing the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care services and supports (LTSS). The primary audience for this report includes stakeholders from the California Department of Insurance, members of the Long-Term Care Insurance Task Force, and members of the general public within the state of California.

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EXECUTIVE SUMMARY

Task Force members were asked to complete a questionnaire regarding their views on amendments to the draft AB 567 Feasibility Report proposed by members of the Task Force. This page summarizes Task Force member questionnaire results and subsequent pages contain verbatim responses from Task Force members and the public (with minor edits for spelling, grammar, and punctuation).

Program element	Key takeaways
Elimination period (Designs 2 & 3)	**Design 2: results were split between a 0-day, 30-day, and 90-day elimination period** **Design 3: no elimination period**
Approved care settings (Design 2)	**Include residential care facility as an approved care setting on Design 2** • Task Force members recommended including home care only coverage as an alternative scenario for Design 2
Benefit type (Design 4)	**Include a reduced (50%) cash benefit alternative on Design 4**
International portability	**Results were split on whether international portability should apply instead of domestic portability for all Program designs** • International portability is currently limited to Design 5 (all other designs reflect domestic portability)
Contribution rate structure	**Increase program contribution rates with an individual's wage or income (i.e., progressive taxation structure)** • Contribution waivers for low-income individuals and contribution caps still apply
Program opt-out triggering event	**Results were split between a triggering event that pre-dates Program enactment and Program enactment** • As a stand-alone option, a Program enactment trigger date received the highest number of votes • This is the date when the opt-out provision for individuals with eligible private insurance would transition to a reduced program contribution
Inclusion of Task Force Member names in Feasibility Report	**Do not reference Task Force Member names with their supported/preferred designed within the Feasibility Report**

The results in this presentation are based on questionnaire responses from **twelve** Task Force members and **nine** public respondents; their responses are provided on the subsequent pages

QUESTION 1A

Please specify your recommended **elimination period** (in days) for Design 2 and Design 3[1]. Refer to Version 4.0 of the straw man[2] for further detail on these program designs.

Task Force Member responses	No elimination period		30 days		90 days	
	Percentage	Count	Percentage	Count	Percentage	Count
Design 2 (all respondents)[3]	33.3%	4	33.3%	4	33.3%	4
Design 2 (potential supporters)[3]	33.3%	2	33.3%	2	33.3%	2
Design 3[4]	66.7%	8	25.0%	3	8.3%	1

Figures only include Task Force members that indicated they could potentially support or prefer Design 2

Public responses	No elimination period		30 days		90 days	
	Percentage	Count	Percentage	Count	Percentage	Count
Design 2[3]	66.7%	2	33.3%	1	0.0%	0
Design 3[4]	66.7%	4	33.3%	2	0.0%	0

[1] Based on the 2020 Milliman CA LTSS Feasibility Study, estimated (multiplicative) savings due to increasing the elimination period ("EP") from 0 days to 30 days is 4% and from 0 days to 90 days is 8%.
[2] https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/ProgramDesignStrawManVersion4.pdf
[3] Design 2 currently includes a 90-day EP, which is consistent with the @Home program example outlined on page 28 of Presentation 12.B. The Task Force previously recommended including this program design in the Feasibility Report as an additional lower-cost targeted option (page 23 of Presentation 15.A).
[4] Design 3 currently includes a 30-day EP, which was the Task Force's second most prevalent elimination period recommendation (page 60 of Presentation 7.A).

QUESTION 1B (1 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “No elimination period” for both designs
1	I believe it should kick in immediately. The difference [between] 4[%] or 8% is just not that substantial, and a single month of additional costs may wind up landing a person in a nursing home or on the street.
2	I don't support Designs 2 or 3 for a multitude of reasons, but specifically to the question of elimination period, in any design, having a [0-day] elimination period is important. If an individual is deemed as meeting the criteria and level of need for the benefit, they should be able to use it immediately.
3	Elimination periods create a barrier to accessing LTSS benefits for participants with low or moderate income and/or limited savings, therefore zeroing out the elimination period would improve equity in these design options.
4	AB 567 is clear that most Californians don’t have savings to cover 1-3 months of care. No EP makes the program truly first payer. I think this is an important feature.

#	Responses for those who chose “30 days” for both designs
1	I do not have a strong conviction regarding this topic[,] but 30 days seems reasonable in either [design].
2	Lower EP [enables] easier access and participation.

QUESTION 1B (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose a mix of elimination periods
1	If possible, [provide] additional pricing options in the report. The reason for Design 2 to have 90 days is that design is targeting a [low-cost] option for those that have greater savings. The assumption is [that] those with lower savings could qualify for other services. The 90 days (aligned with many LTC insurance policies) provides a buffer before services are rendered and can prevent paying for [shorter-term] events like knee surgery. It would be valuable to price multiple elimination periods and see if OW analysis aligns with the Milliman report in terms of savings. [If] the savings are minimal, then it would not make sense to have a longer elimination period. 8% savings could be used to increase the pool of money or other places to offer value. For me, Design 3 mimics the Washington program[,] thus keeping some consistency allows for a pricing comparison between the CA and WA [programs]. Again[,] pricing multiple elimination periods would be valuable, in particular, if actuarial analysis by OW finds the savings to be different than the Milliman report. If there are savings (such as 4%), we could reduce the [elimination period] or provide value somewhere else.
2	Since the intent of Design 2 is to provide a [lower-cost] alternative, I recommend keeping the elimination period at 90 days. For Design 3, I recommend [a] zero-day elimination period to reduce [barriers] to use for [lower-income] individuals. The lower monthly benefit amount and reduced benefit coverage [provide] an alternative to Design 4.
3	I favor a shorter elimination period [but] understand why it makes sense for lower costs
4	I support [the 90-day elimination period] for consistency with [the @Home program design] but feel overall there should be no elimination period

QUESTION 2A

Should **residential care facility** be added as an approved care setting to Design 2[1,2]? Refer to Version 4.0 of the straw man[3] for further detail on this program design.

		All respondents		Potential Design 2 supporters	
#	Answer – Task Force Members	Percentage	Count	Percentage	Count
1	Yes (include residential care facility as an approved care setting in Design 2)	58.3%	7	66.7%	4
2	No (do not include residential care facility as an approved care setting in Design 2)	41.7%	5	33.3%	2

Figures only include Task Force members that indicated they could potentially support or prefer Design 2

#	Answer – Public	Percentage	Count
1	Yes (include residential care facility as an approved care setting in Design 2)	85.7%	6
2	No (do not include residential care facility as an approved care setting in Design 2)	14.3%	1

[1] Based on the 2020 Milliman CA LTSS Feasibility Study, estimated (multiplicative) savings due to changing the approved care settings from comprehensive (i.e., inclusive of skilled nursing facility, residential care facility and home care) to home care only is 39%. Removing only skilled nursing facility coverage (i.e., retaining residential care facility) would reduce the estimated (multiplicative) savings.
[2] Design 2 currently only includes home and community-based care, which is consistent with the @Home program example outlined on page 28 of Presentation 12.B. The Task Force previously recommended including this program design in the Feasibility Report as an additional lower-cost targeted option (page 23 of Presentation 15.A).
[3] https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/ProgramDesignStrawManVersion4.pdf

QUESTION 2B

Please explain your response to the question above.

#	Responses for those who chose "Yes (include residential care facility as an approved care setting in Design 2)"
1	It is unfair (unequitable) to only cover in-home care. Not everyone has a nuclear family or others who can care for them at home, and not everyone has a home. I believe it is critically important to include residential care settings in this plan for LTCI.
2	Without knowing the exact cost impact yet, my preliminary recommendation is that residential care facility care should be added as an approved care setting because, like home care, it is an alternative to more expensive nursing home care, so it seems in keeping with the intent of Design 2.
3	Assembly member Calderon clearly intended for [assisted living] to be an option for this benefit by including an [assisted living] representative in AB 567. It is imperative that our older adults have the right to choose the care setting that best [suits] their physical, social, emotional, and financial needs. The reality is that the cost of moving into an assisted living [facility] and the like is the cost-effective option. Hired care costs are much less expensive in an assisted living setting than in a home care scenario.
4	RCF adds value to [the] LTSS program. [One] potential issue [is that] specifying RCF as a benefit may create pressure from other providers ([i.e.,] hospice and provider entities) to have similar approved setting [provisions] in design language.
5	I know it [increases cost] but believe individuals should utilize the setting of care necessary for their needs.

#	Responses for those who chose "No (do not include residential care facility as an approved care setting in Design 2)"
1	The benefit should include the ability for the consumer to choose where they receive care.
2	I am worried by these questions as we don't have cost numbers. I liked that we have widely different options between Design 2 and [Designs] 4 & 5. If we make [Design] 2 more comprehensive, we don't see the [endpoint] and the cost trade-offs. It would be nicer to keep [Design] 2 as is and have a variation to include RCF in Design 2. If we decide to include RCF in Design 2, it would be valuable to include an option without it. I have some concerns that adding similar features to each [design] would lose the value of understanding different program options. I was hoping the designs were to get pricing done and that future plus/minus are made based on the results of the actuarial report.
3	While I recommend including residential care [as] an approved care setting, it seems like we need to reopen [the] discussion on other design elements if we make this change. For example, I would also recommend adding coverage for PACE. If we are reconsidering Design #2, it seems like a better approach to make design elements for Design #2 the same as Design #3 except for individuals 65 years of age or older rather that just adding residential care facility as an approved setting.
4	I favor home care only as an objective of our work that will serve the widest number of people.
5	Residential care facilities could be considered as a sensitivity, but home and community care is specifically called out in the Master Plan on Aging and [I] think also in AB567.

QUESTION 3A

Should the benefit type for Design 4 be revised to include a **reduced cash benefit alternative**[1,2]? Refer to Version 4.0 of the straw man[3] for further detail on this program design.

#	Answer – Task Force Members	Percentage	Count
1	Yes (include a reduced cash benefit alternative in Design 4)	75.0%	9
2	No (do not include a reduced cash benefit alternative in Design 4)	25.0%	3

#	Answer – Public	Percentage	Count
1	Yes (include a reduced cash benefit alternative in Design 4)	100.0%	9
2	No (do not include a reduced cash benefit alternative in Design 4)	0.0%	0

[1] An estimate of the savings associated with including the reduced (50%) cash benefit alternative is not yet available.
[2] Design 4 currently includes reimbursement for all covered benefits. If approved, this change would add a reduced (50%) cash benefit alternative. The benefit type for Design 4 currently reflects the Task Force's second most prevalent benefit type recommendation (page 44 of Presentation 7.A). The inclusion of a reduced cash benefit alternative would align with the Task Force's most prevalent benefit type recommendation.
[3] https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/ProgramDesignStrawManVersion4.pdf

QUESTION 3B

Please explain your response to the question above.

#	Responses for those who chose “Yes (include a reduced cash benefit alternative in Design 4)”
1	I don't have strong feelings, but it is reasonable to consider this option. Giving the cash option may simplify things for some beneficiaries.
2	I believe a reduced cash benefit should be added to Design #4 to provide beneficiaries and their families flexibility and choice in accessing services that meet their LTSS needs.
3	A reduced cash benefit alternative is an important design feature to expand the ability of individuals to use family or informal care. It is a particularly important option for unbanked individuals and those who may not have enough resources to front the cost of care before seeking reimbursement, improving equity in the program design.
4	It would be helpful to have the figures before making a definitive decision.
5	It makes a big difference for family caregivers
6	Design [4’s] non-cash benefit is comprehensive enough. Opting for more cash should be tied to [a] reduction in non-cash benefits.
7	Ideally[,] I would support the inclusion but think it would be helpful to know the savings associated with not including it. I am concerned with the overall cost of the program[,] so the numbers on savings are important.

#	Responses for those who chose “No (do not include a reduced cash benefit alternative in Design 4)”
1	I am open to these options and would prefer a pricing option but including it in Design 4 makes it look closer to Design 5. As mentioned earlier, I am looking to see larger design differences to help inform future decisions/discussions.
2	I don’t think design 4 is feasible as currently outlined and so don’t support more being added

QUESTION 4A

Should **international portability** apply instead of domestic portability for all program designs[1,2]? Where applicable, grading of benefits to 50% over 5 years will remain unchanged. Refer to Version 4.0 of the straw man[3] for further detail on the five program designs.

#	Answer – Task Force Members	Percentage	Count
1	No (do not amend the portability provisions reflected in the Feasibility Report)	50.0%	6
2	Yes (apply international portability instead of domestic portability for all program designs with a portability provision; where applicable, grading to 50% over 5 years will remain unchanged)	50.0%	6
3	Other (please specify)	0.0%	0

#	Answer – Public	Percentage	Count
1	Yes (apply international portability instead of domestic portability for all program designs with a portability provision; where applicable, grading to 50% over 5 years will remain unchanged)	87.5%	7
2	No (do not amend the portability provisions reflected in the Feasibility Report)	12.5%	1
3	Other (please specify)	0.0%	0

[1] An estimate of the savings associated with changing the portability provisions from domestic to international is not yet available.
[2] International portability (whether at full or reduced levels) was the Task Force's most prevalent recommendation (page 25 of Presentation 11.A). Page 3 of Presentation 14.B provides examples of international portability.
[3] https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/ProgramDesignStrawManVersion4.pdf

QUESTION 4B

Please explain your response to the question above.

#	Responses for those who chose "No (do not amend the portability provisions reflected in the Feasibility Report)"
1	It would be helpful to have the figures before making a definitive decision.
2	Keep as an open item pending analysis

#	Responses for those who chose "Yes (apply international portability instead of domestic portability for all program designs with a portability provision; where applicable, grading to 50% over 5 years will remain unchanged)"
1	Not providing portability means we are charging those that leave the state extra to help [subsidize] those that stay in CA. Given that the need for LTC doesn't change if you are in CA or outside, I am supportive of making our program thoughtful about allowing portability.
2	This design feature would support the cultural competence of the program.
3	Necessary for the program to be popular and solvent
4	International portability (adjusted to reflect cost of living in host country) may be a cost-saver in the long run. It should matter less where beneficiaries get their benefits[,] so long as it is cost-effective and [produces] good outcomes. [The] European model of [across-the-border] portability may inform what is possible.

QUESTION 5A

Do you recommend that program contribution **rates** increase with an individual's wage or income (i.e., tiered program contributions based on wage/income level)[1,2]?

#	Answer – Task Force Members	Percentage	Count
1	Yes (increase program contribution rates with an individual's wage or income)	66.7%	8
2	No (do not increase program contribution rates with an individual's wage or income)	33.3%	4

#	Answer – Public	Percentage	Count
1	Yes (increase program contribution rates with an individual's wage or income)	100.0%	9
2	No (do not increase program contribution rates with an individual's wage or income)	0.0%	0

[1] As an illustrative example, consider the following scenario: 0.50% payroll tax on income below $100,000, 0.75% payroll tax on income in excess of $100,000 but below $200,000, 1.00% payroll tax on income in excess of $200,000.
[2] This progressive element would be in addition to (a) the program contribution waivers for individuals below a specified poverty level currently reflected in Designs 1, 3, 4, and 5 and (b) the program contribution cap currently reflected in Designs 1, 2, 3, and 5. The specified poverty level below which contributions are waived and the contribution cap have yet to be determined. See Version 4.0 of the straw man for further detail on the five program designs.

QUESTION 5B (1 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “Yes (increase program contribution rates with an individual's wage or income)”
1	[Reasonable] to consider [a scenario] where wealthier individuals contribute more. [It] may have unintended consequences where wealthier individuals opt out (if they can) or leave the state. I think there should be a cap, although that is an unpopular opinion... for the same reasons.
2	I support a progressive tax structure.
3	The Task Force recommended a progressive financing structure[,] and a tiered contribution rate would be more consistent with that recommendation than a flat tax rate. In setting the tiers, it will be important to analyze the interactions between the tiered contribution structure and the contribution cap and [opt-out]/reduced contribution provisions (as applicable) to ensure that participation among [high-income] individuals is sufficient for the program to be sustainable. Another way to achieve this outcome could be to exempt the first $x,000 in income from the tax[,] which could serve the dual purpose of completely exempting those with the lowest income while also making the tax rate more progressive for those with moderate income. For example, if a 1.0% payroll tax applied to any wages above $25,000, workers with wages below that threshold would pay nothing, while workers earning $50,000 would pay an effective tax rate of 0.5% and workers earning $100,000 would pay an effective tax rate of 0.75%.
4	No cap
5	Open to this idea, but this changes the pattern of tax income… with the contribution cap[,] analysis is needed on what pattern of tax income best supports sustainability

QUESTION 5B (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “No (do not increase program contribution rates with an individual's wage or income)”
1	Given that the benefit pool being provided is 'fixed' for each [design, those] that pay a level rate based on their income are already contributing more for the benefits than they receive. I view this [to be] progressive. Example. $50k income paying 0.5% = $250 $200k income paying 0.5% = $1000 But both are getting $36,000 of benefit in Design 3. If both went on claim in year 10, The 50k individual spent $2,500 for $36,000 of LTC benefit [contributed 7%] The $200k individual paid $10,000 for $36,000 of benefit [contributed 28%] Thus[,] we don't need another additional item as the fixed benefit pool already provides a version of [a] progressive tax.
2	I hesitate to create additional taxation measures driven by income for fear that persons would move toward opting out or supplemental options and not “buy into” the program.
3	Equity

QUESTION 6A (1 OF 2)

Please specify your recommended triggering event to transition from an opt-out provision to a reduced program contribution provision for individuals with eligible private LTC insurance[1,2].

Illustrative timeline:

#	Answer – Task Force Members	Percentage	Count
1	Program enactment trigger date	50.0%	6
2	Governor approval trigger date	33.3%	4
3	Beginning of the year preceding Governor approval trigger date	8.3%	1
4	Other trigger date (please specify)	8.3%	1
5	Senate pass trigger date	0.0%	0
6	Assembly pass trigger date	0.0%	0

Responses were split **50/50** between a triggering event that pre-dates Program enactment and Program enactment

#	Other (please specify)
1	Make [an opt-out] option less attractive.

[1] Only policies sold before this trigger event date may qualify the policyholder for program opt-out. Policies sold after the trigger event date may qualify the policyholder for a reduced program contribution but not program opt-out. criteria for "eligible" to be determined.

[2] This question is a technical clarification to a prior Task Force recommendation regarding considerations for individuals with private LTC insurance (page 22 of Presentation 11.A).

QUESTION 6A (2 OF 2)

Please specify your recommended triggering event to transition from an opt-out provision to a reduced program contribution provision for individuals with eligible private LTC insurance[1,2].

Illustrative timeline:

#	Answer – Public	Percentage	Count
1	Beginning of the year preceding Governor approval trigger date	75.0%	6
2	Program enactment trigger date	25.0%	2
3	Governor approval trigger date	0.0%	0
4	Senate pass trigger date	0.0%	0
5	Assembly pass trigger date	0.0%	0
6	Other (please specify)	0.0%	0

[1] Only policies sold before this trigger event date may qualify the policyholder for program opt-out. Policies sold after the trigger event date may qualify the policyholder for a reduced program contribution but not program opt-out. criteria for "eligible" to be determined.

[2] This question is a technical clarification to a prior Task Force recommendation regarding considerations for individuals with private LTC insurance (page 22 of Presentation 11.A).

QUESTION 6B

Please explain your response to the question above.

#	Responses for those who chose “Program enactment trigger date”
1	The legislation that would ultimately need to be passed to enact the entirety of an LTSS benefit program should dictate the trigger date for grandfathering policies.
2	Since the Governor signing the legislation is [when the program] will be enacted, I think the trigger needs to be either the Governor approval or program enactment. I opted for program enactment since it seems that individuals should be notified prior to implementing the requirement.
3	A January 1 date seems most feasible for a payroll [tax-driven] program[,] and there should be time to appropriately educate the public on the benefits of the program.
4	Gives people as much time as possible to assess [the] likelihood of the program going into effect, and for the market to design and get approval on a private product.

#	Responses for those who chose “Governor approval trigger date”
1	[It’s] simple.
2	If the opt-out date were the program enactment trigger date, I am concerned about the risk of anti-selection and a large reduction in the program revenues[,] given the experience in Washington. The Governor approval trigger date seems the most logical choice as that is the date on which there is certainty that the program will be enacted. The Senate pass, Assembly pass, and beginning of the year preceding Governor approval trigger dates seem like relatively arbitrary dates relative to [the] Governor approval date.
3	I think we should use the WA Cares implementation as a best practice[,] so we don't end up in the same situation

#	Responses for those who chose “Beginning of the year preceding Governor approval trigger date”
1	My premise is that those that purchased [an] LTC solution for their own planning—without knowledge of any government solution or cost—should not be penalized for being proactive and thoughtful in their financial planning. As soon as a solution is passed by CA, those buying to avoid a tax don't fall into the group above. We can therefore avoid an insurance fire sale and anti-selection by making the [cut-off] prior to when 'news’ [is] released. [By] making it the year before, we are easily separating those that purchased before any knowledge (i.e.[,] those with good intent) and those attempting to purchase to escape the implementation (i.e., the anti-selective behavior). In Washington, they allowed opts out after the program was known. People understood the cost of the program and were finding solutions to optimize their own situation. If they had set it a year prior, [they] would not have had the same issue.

QUESTION 7A

Should Task Force Member names be referenced in Exhibit 2.4 of the Feasibility Report?

#	Answer – Task Force Members	Percentage	Count
1	No (do not reference Task Force Member names in Exhibit 2.4 and the associated appendix)	75.0%	9
2	Yes (reference Task Force Member names in Exhibit 2.4 and the associated appendix)	25.0%	3

#	Answer – Public	Percentage	Count
1	Yes (reference Task Force Member names in Exhibit 2.4 and the associated appendix)	85.7%	6
2	No (do not reference Task Force Member names in Exhibit 2.4 and the associated appendix)	14.3%	1

QUESTION 7B

Please explain your response to the question above.

#	Responses for those who chose “No (do not reference Task Force Member names in Exhibit 2.4 and the associated appendix)”
1	I don't think it's necessary[, but] I really don't care one way or the other.
2	I am not against this, but also don't think it is commonplace in [Task Force] work to individually identify responses. If the consensus of the [Task Force] is to include names/responses, I will oblige.
3	I am a little indifferent as the information has already been shared, so not sure if not showing offers a great amount of value. However, since many new readers of the final document won't look at [the draft reports], excluding may still be a good idea. In the world today, having names can result in people targeting them in social media, articles, etc., is probably not good for the Task Force members if their views don't align with someone's else perspective.
4	I see a benefit of changing Exhibit 2.4 to removing the names of [Task Force] members to make [it] consistent with Exhibit 2.6[,] which includes the votes by the public. However, if [Task Force] members opt to make a statement explaining their program design recommendations, it seems like it would be important to include [Task Force] members’ names so that the audience understands their background unless this information is included in the statement.
5	I am comfortable either way but would want the opportunity to make a short statement.
6	The Report should be submitted as a collective work product from the [Task Force]
7	[The] report should be a collective[,] not an expression of individual [Task Force member choices].

#	Responses for those who chose “Yes (reference Task Force Member names in Exhibit 2.4 and the associated appendix)”
1	Referencing Task Force [members] names in Exhibit 2.4 seems important for avoiding association between Task Force members and design options they do not support.
2	Transparency is good and I like the option for each member to include a statement


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